



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

11/A
C.B.
3/24/04

Application No.: 09/974,773
Filing Date: October 9, 2001
Applicant: Toshihiko Kano et al.
Group Art Unit: 2125
Examiner: Kideest Bahta
Title: ORDER RECEIVING/MANUFACTURING SYSTEM FOR
OSCILLATORS, CONTROL METHOD THEREFOR,
BUSINESS CENTER SERVER AND CONTROL DATA
WRITING APPARATUS
Attorney Docket: 9319S-000280

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AMENDMENT

Sir:

In response to the Office Action mailed August 15, 2003, please amend the application as follows and consider the remarks set forth below.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 10 of this paper.



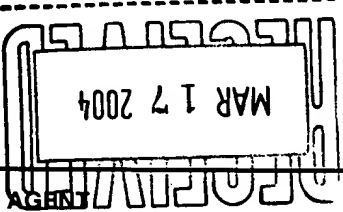
2125

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/974,773	
	Filing Date	October 9, 2001	
	First Named Inventor	Toshihiko Kano et al.	
	Group Art Unit	2125	
	Examiner Name	Kidest Bahta	
Total Number of Pages in This Submission	13	Attorney Docket Number	9319S-000280

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ Remarks <div>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.</div>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): postcard

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name G. Gregory Schivley Bryant E. Wade	Reg. No. 27,382 40,344
Signature			
Date	Nov 14, 2003		

CERTIFICATE OF MAILING/TRANSMISSION			
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Signature		Date	Nov 14, 2003